



# **Presentation to the House Committee on County Affairs**

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**March 9, 2017**



**TEXAS**  
Health and Human  
Services

# Overview

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Health and Human  
Services

- **Behavioral Health in Texas Overview**
- **Mental Health and Substance Abuse Statistics**
- **Statewide Behavioral Health Strategic Plan**
- **Mental Health Services for the Indigent**
- **Substance Abuse Services for the Indigent**
- **Behavioral Health Key Initiatives**
- **1115 Transformation Waiver Update**

# Behavioral Health & Population Growth in Texas

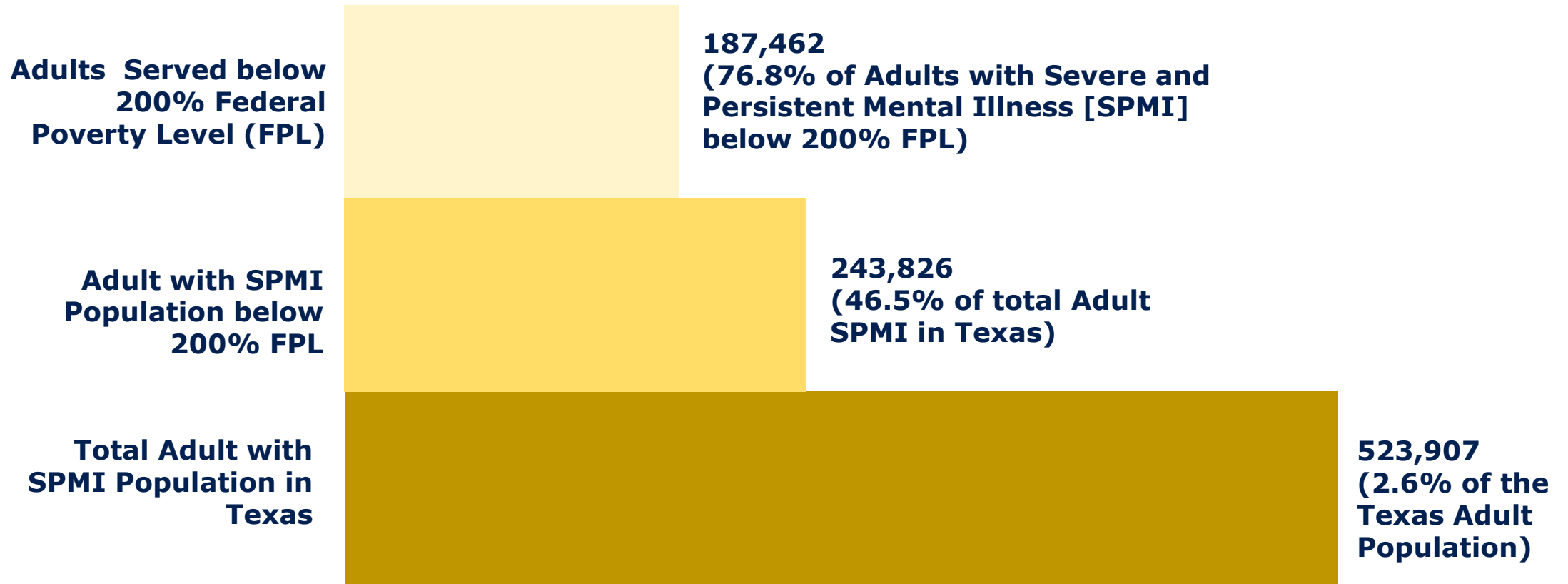
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- In 2014, Texas had an estimated population of almost 27 million people.
- From 2010 to 2014, Texas' population increased by 7.2 percent, a 1.8 million person increase.
- The population is expected to double to 54.4 million people by 2050.
- As the Texas population increases, the number of individuals seeking state-supported mental health services will likewise increase.
- As of fiscal year 2017, the Health and Human Services Commission estimates the number of Texans who would qualify for and have need of mental health services will increase by approximately 3,900 per year.



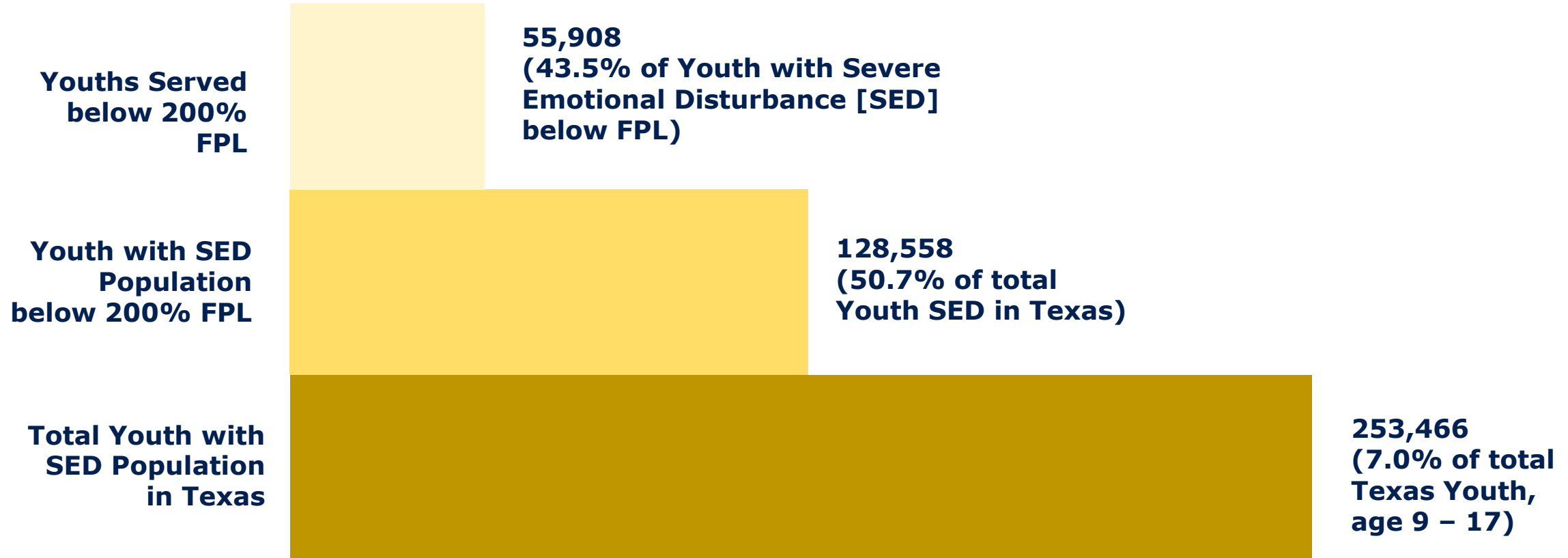
# Mental Illness in Texas: Estimated Need Met

## Fiscal Year 2015 - Adults

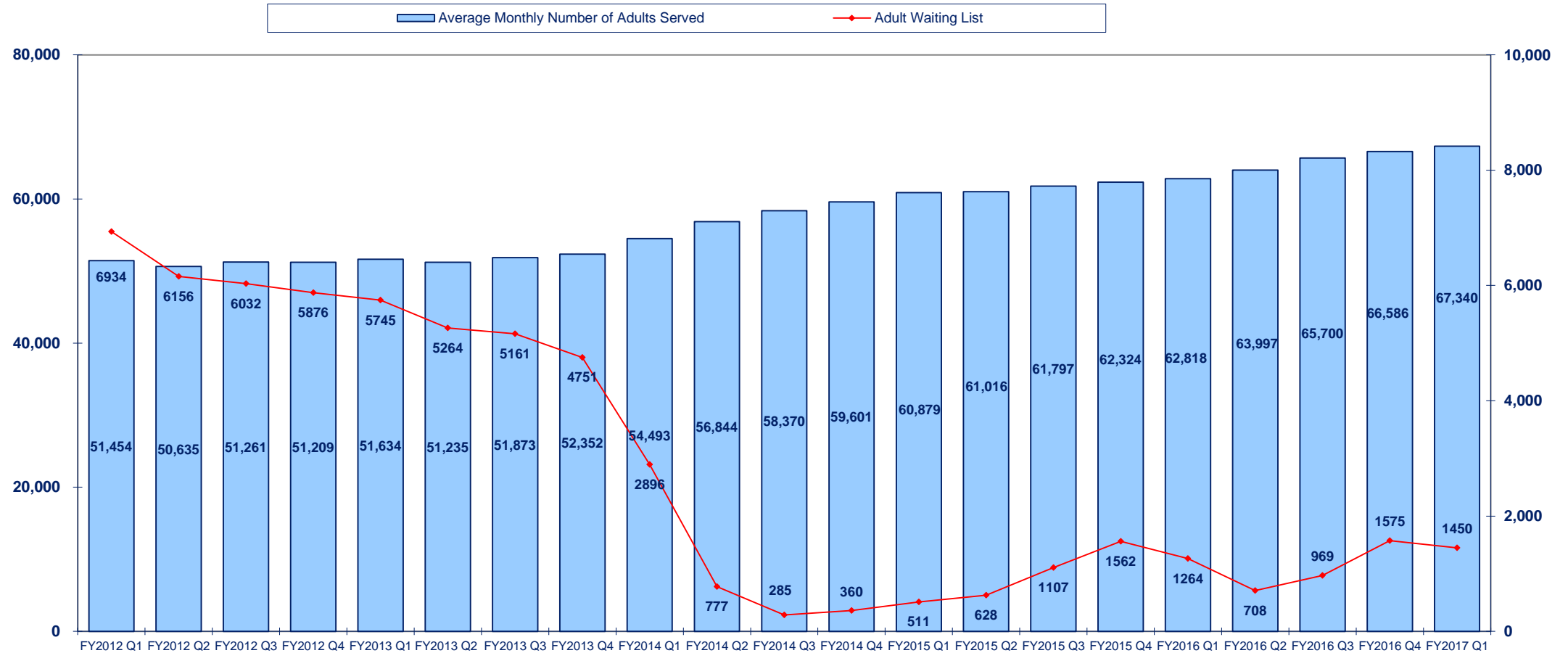


Sources: Texas State Data Center, CMHS, SAMSHA, HHS, Census Bureau, HHSC

# Mental Illness in Texas: Estimated Need Met Fiscal Year 2015 - Youth



# Community Mental Health Waiting List - Adults



Source: DSHS Client Assignment Registration (CARE) system, 12/28/2016

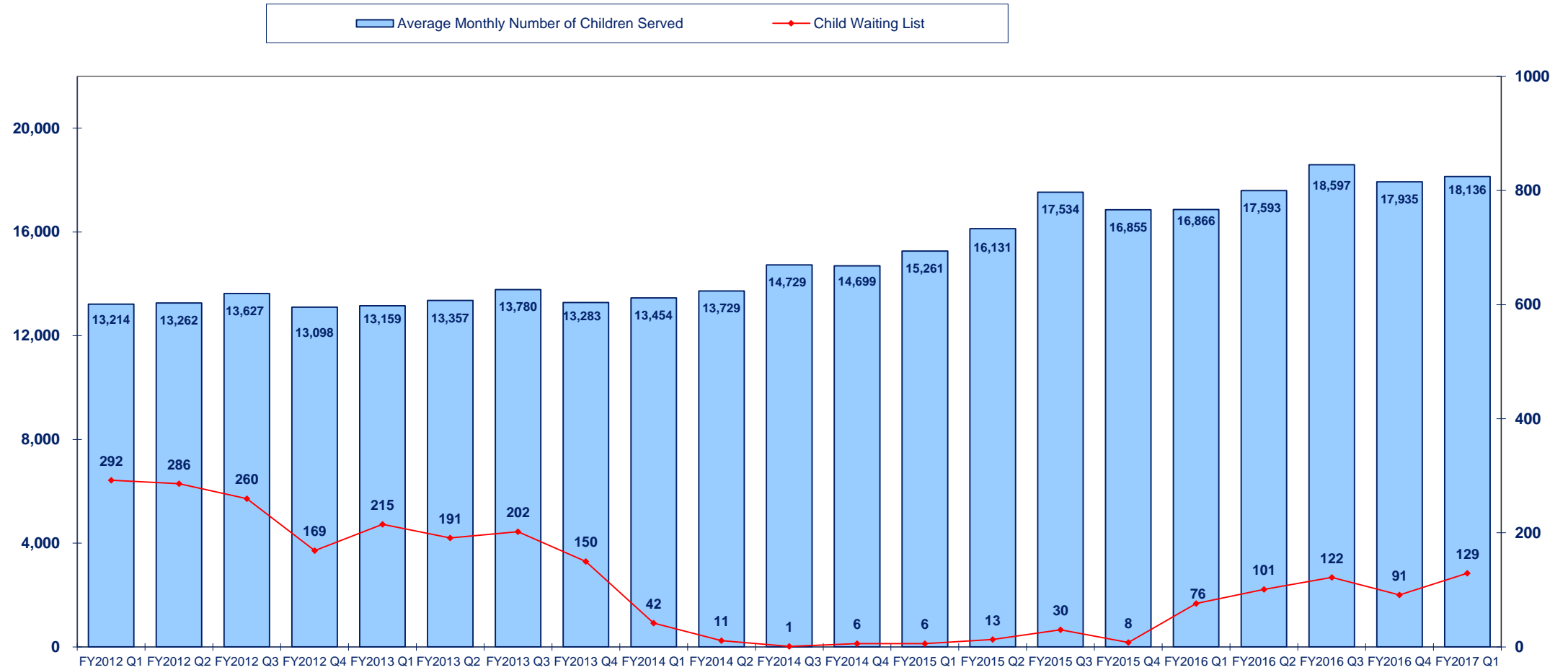
Notes: Average monthly number of adults served per LBB performance measures. Adult Waiting List is number of adults waiting for all services in last month of quarter.

\*Numbers for FY14 and FY15 include correction for target calculation for the biennium. In FY16, LBB Performance Measure report discontinued this methodology resulting in a number served of 62,818, 63,997, 65,700 and 66,586.



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# Community Mental Health Waiting List - Youth



Source: DSHS Client Assignment Registration (CARE) system, 12/28/2016

Notes: Average monthly number of children served per LBB performance measures. Child Waiting List is number of children waiting for all services in last month of quarter.

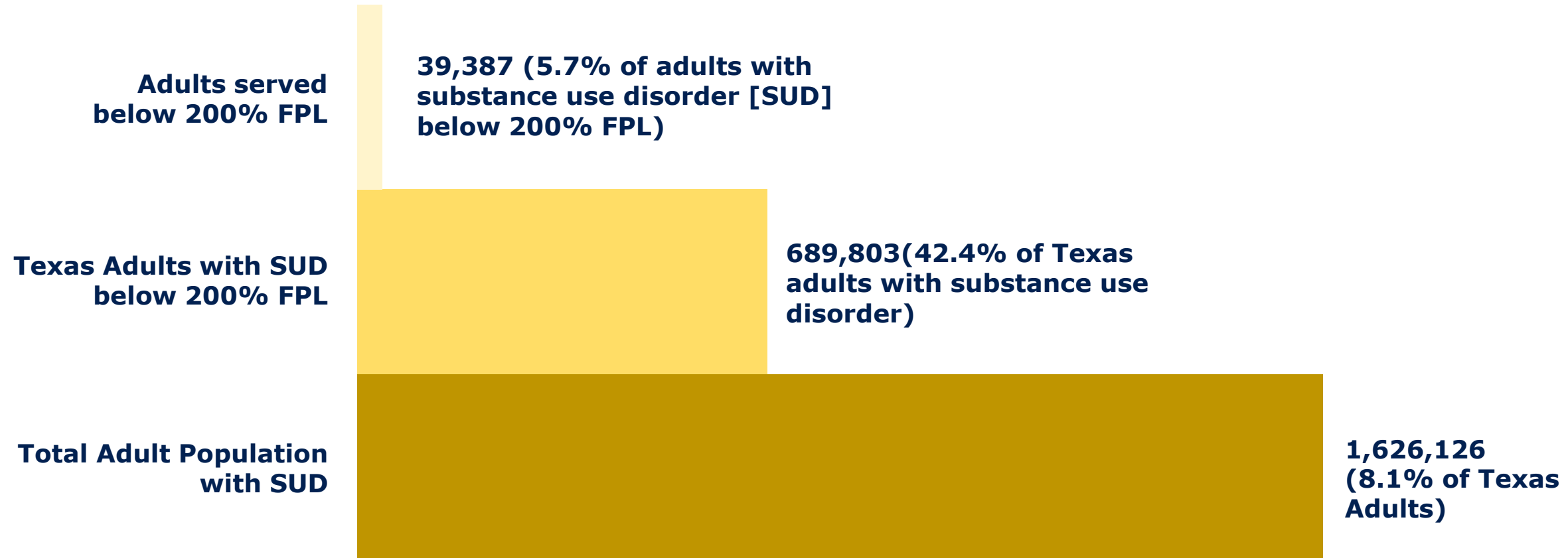
\*Numbers for FY14 and FY15 include correction for target calculation for the biennium. In FY16, LBB Performance Measure report discontinued this methodology resulting in a number served of 16,866, 17,593, 18,597 and 17,935.



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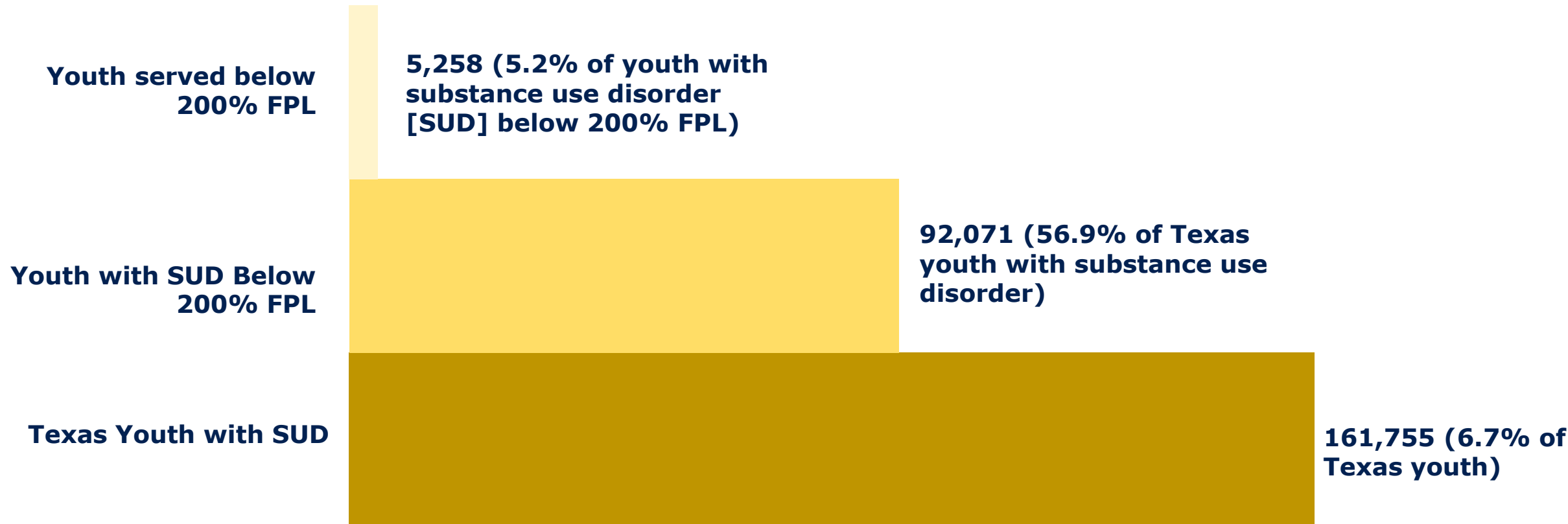


# Substance Abuse Treatment Estimated Need Met Fiscal Year 2015 - Adults





# Substance Abuse Treatment Estimated Need Met Fiscal Year 2015- Youth



# Statewide Behavioral Health Strategic Plan

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- The 84th Legislature created the Statewide Behavioral Health Coordinating Council to develop a five-year statewide behavioral health strategic plan to:
  - Eliminate redundancy,
  - Utilize best practices in contracting standards,
  - Perpetuate identified, successful models for mental health and substance abuse treatment,
  - Ensure optimal service delivery, and
  - Identify and collect comparable data on results and effectiveness.
- The Council includes members from 18 state agencies that receive funding for behavioral services.



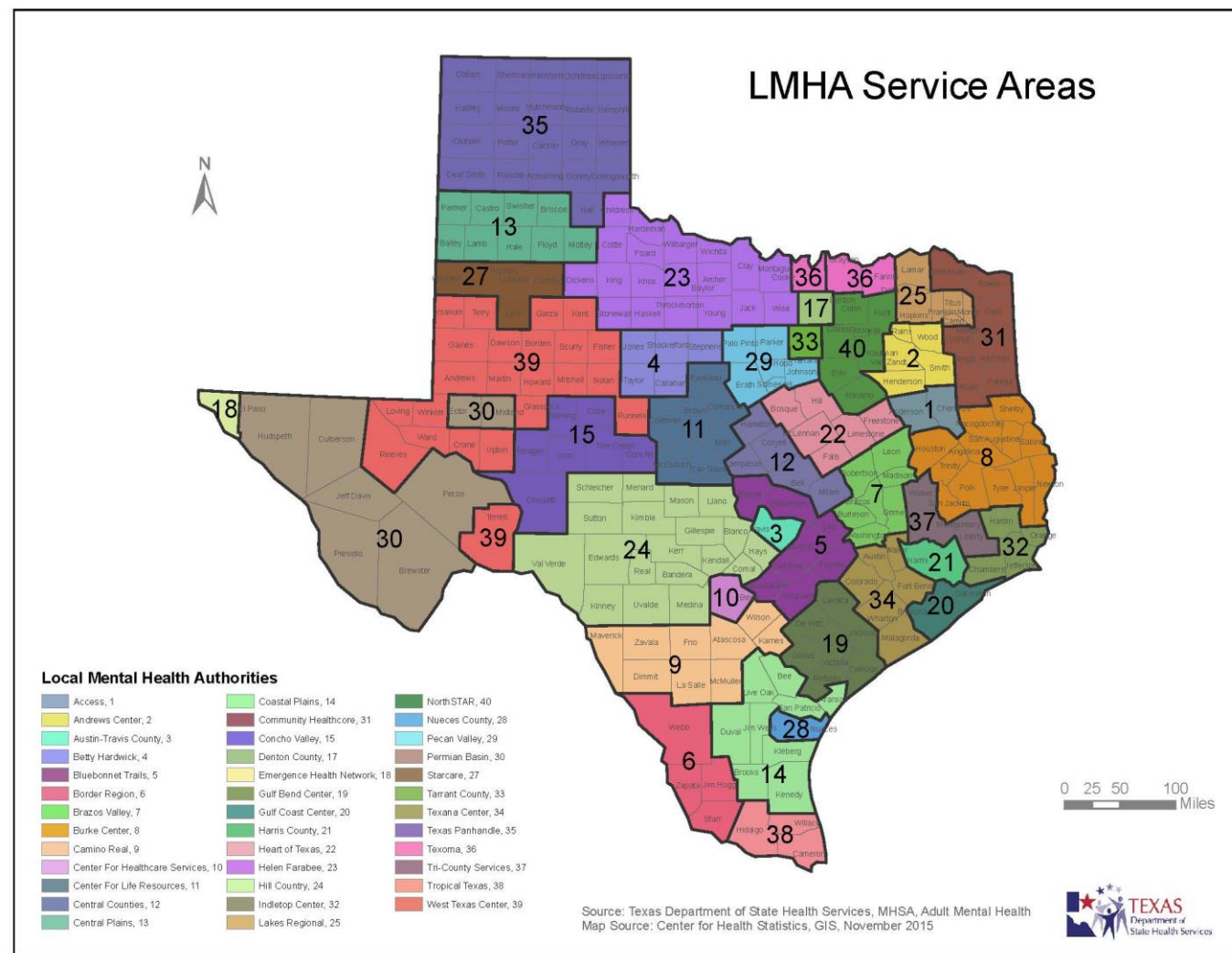
# **Mental Health Services for the Indigent: Local Mental Health Authorities**

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- HHSC contracts with 37 local mental health authorities (LMHAs) and two local behavioral health authorities (LBHAs) to provide evidence-based, front-door crisis and ongoing services.
- Community mental health centers also serve as LMHAs, responsible for the coordination of local resources.
- LMHAs target adults with severe and persistent mental illness and children with severe emotional disturbance.



# Local Mental Health Authorities Map



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# Mental Health Services for the Indigent: Crisis Services

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- Crisis services outreach teams provide 24/7 service for face-to-face crisis assessment, crisis intervention, and crisis follow-up and relapse prevention services.
- LMHAs respond to calls in the community and collaborate closely with community partners to ensure behavioral healthcare needs are appropriately addressed.
- Populations served include adults and youth with a behavioral health crisis.



# Mental Health Services for the Indigent: Texas Resilience and Recovery

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- A person-centered approach to service provision that moves away from the historical disease-focused model.
  - Focus is on resilience and recovery, which are fundamental principles of the mental health system.
- Basic elements of the Texas Resilience and Recovery (TRR) system include:
  - Support the provision of evidence-based practices,
  - Consistent levels of care (low to high), and
  - Data and outcomes.
- Challenges related to TRR include:
  - Demand (population growth), and
  - Complex or high needs.





# Mental Health Services for the Indigent: Privately Purchased Beds

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- HHSC purchases contracted inpatient psychiatric hospital beds to provide inpatient mental health services.
- These services are the most intensive mental health services available in the HHSC mental health service array and are accessed, primarily, through LMHAs and LBHAs.
- Populations served include adults, children, and youth meeting the threshold for behavioral health necessity for inpatient hospitalization.





# Substance Abuse Services for the Indigent

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- Populations served include children age 13 or older, adults who are low-income and eligible for SUD treatment, and priority populations.
- Substance Use Disorder (SUD) services include:
  - Detoxification Services
  - Residential Treatment Services
  - Outpatient Treatment Services
  - Counseling
  - Life skills
  - Substance abuse education
  - Recovery support services
- Prevention Programs Include:
  - Youth Prevention Services
  - Community Coalition Partnerships
  - Prevention Resource Centers





# Behavioral Health Key Initiatives: Joint Committee on Access and Forensic Services

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- Established by Senate Bill 1507, 84<sup>th</sup> Texas Legislature, Regular Session, 2015.
- Charges include making recommendations regarding:
  - An updated hospital bed day allocation methodology and utilization review protocol,
  - The development of a comprehensive plan for the coordination of forensic services,
  - The efficient and effective use of hospital beds, and
  - The development of a forensic plan that includes diversion programs, inpatient forensic services, and community-based services and supports for persons on forensic commitments.
- Membership includes representatives from both county and state level organizations.



## Behavioral Health Key Initiatives, Continued

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- The Youth Empowerment Services (YES) Waiver provides comprehensive home and community-based mental health services to children and youth with serious emotional disturbance at risk of institutionalization and/or out-of-home placement.
- Outpatient Competency Restoration Program serves adults with a mental health or co-occurring psychiatric and substance abuse disorder (COPSD) who are found incompetent to stand trial and receive a court order to participate in outpatient treatment.
- Harris County Jail Diversion Program serves adults in Harris County with a behavioral health disorder identified as a person who may be diverted from incarceration with the goals of reducing recidivism rates and reducing the frequency of arrests for individuals with mental illness.



## **Behavioral Health Key Initiatives, Continued**

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- Healthy Community Collaboratives serves individuals experiencing issues related to mental health and homelessness in Dallas, Fort Worth, Austin, San Antonio, and Houston.
- Residential Treatment Center (RTC) Project is a collaborative project between the Department of Family and Protective Services (DFPS) and HHSC to fund RTC beds (room and board) for children and youth with serious emotional disturbance in order to avoid parental relinquishment of parental rights.
- The Neonatal Abstinence Syndrome program increases targeted outreach services to engage women in care earlier and increases intervention and treatment services to pregnant and postpartum women to improve birth outcomes.



# 1115 Transformation Waiver Components

Managed care expansion allows statewide delivery of Medicaid managed care services (STAR, STAR+PLUS, and Children's Medicaid Dental Services) while preserving historical upper payment limit (UPL) funding.

Under the waiver, hospitals and other providers earn historical UPL and new funds through two pools.

- Uncompensated Care (UC) Pool
  - Replaces upper payment limit (UPL)
  - Costs for care provided to individuals who have no third party coverage for hospital and other services and Medicaid shortfall
- Delivery System Reform Incentive Payment (DSRIP) Pool
  - New incentive program to support coordinated care and quality improvements through 20 RHPs
  - Goals: transform delivery systems to improve care for individuals (including access, quality, and health outcomes), improve health for the population, and lower costs through efficiencies and improvements
  - Targets Medicaid recipients and low income uninsured individuals

Hospital financing component

- Preserves UPL hospital funding under a new methodology
- Creates Regional Healthcare Partnerships (RHPs)







## 1115 Waiver Extension

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- Five year waiver 2011 – 2016
- Extension through December 2017
- In January, HHSC requested an additional 21 months, through September 2019.



# Behavioral Health System related DSRIP Projects

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## MHMRA of Harris County (RHP 3)

- Add three additional teams to the Crisis Intervention Response Team, which partners law enforcement officers with master-level clinicians to respond to law enforcement calls

## Tropical Texas Behavioral Health (RHP 5)

- Develop primary care clinics co-located within three Tropical Texas clinics.

## Center for Health Care Services (RHP 6)

- Establish a centralized campus from which systems or families can obtain care for children and adolescents with a serious emotional and/or behavioral problem or development delay.

## Tarrant (RHP 10)

- Crisis program to support Intellectual Developmental disabilities who experience a crisis

## Texas Panhandle Centers (RHP 12)

- Provide a 24/7 crisis respite program focusing on rapid stabilization and averting future crises.





# DSRIP Outcome Success in First Year of Reported Performance

DSRIP Category 3 Outcomes	Category 1 or 2 DSRIP Projects	P4P Outcomes Reporting PY1	PY1 Success Rate*	Median Improvement**
Diabetes Care: HbA1C Poor Control (>9%)	107	84	74%	17%
Emergency Department Visits for Diabetes	23	15	93%	16%
Cancer Screening Rates (Breast, Cervical, or Colorectal)	46	64	69%	24%
Hospital Readmissions***	56	52	75%	10%
Follow Up After Hospitalization for Mental Illness (7-Day)	30	24	100%	12%
Palliative Care Processes	20	48	98%	33%

\*Success Rate: The percent of outcomes that received payment for reporting at least 25% achievement of their Performance Year 1 goal, out of all outcomes that reported a baseline and one year of performance.

\*\*Median Improvement: The median percentage of improvement between baseline and best possible outcome (0% or 100% depending on the outcome) for outcomes that reported at least 25% achievement of their Performance Year 1 goal.

\*\*\* 25 P4P outcomes have reported a baseline and 2 years of performance, with an 88% success rate and median improvement of 15% which is an increase over PY1 success rate and improvement.

